



VMBIP Work Teams Update- December 2004

The National Immunization Program (NIP) is responsible for managing more than half of the nation's pediatric vaccine supply, representing \$1.1 billion in annual vaccine purchases. In 2003, NIP established a team to conduct a comprehensive review and analysis of the vaccine management activities at the federal, state, and local levels, and to identify opportunities to improve efficiency, accountability, and our ability to respond to public health crises.

Vaccine management and accountability needs have grown dramatically since the inception of the Vaccines for Children (VFC) program in 1994. Many vaccine management and accountability processes are still conducted using methods and technology established more than a decade ago. The processes in place consist of a patchwork of stand-alone computer applications and manual paper-based systems that are operated by CDC and state and local immunization programs. These processes are cumbersome, expensive, and do not enable rapid responses to changes in vaccine supply and demand at the national, state, or local levels. These processes also produce inconsistent levels of accountability at the individual immunization provider level.

Through the Vaccine Management Business Improvement Project (VMBIP), NIP expects to lay a foundation that will support the long term requirements of the program. The team, established by NIP, includes senior level staff at NIP, state and local immunization program managers, and an outside consulting group with expertise in supply chain issues. The first phase of the project was to conduct a comprehensive review of the existing system by gathering information across all parts of the vaccine supply chain, including vaccine manufacturers, third party vaccine distributors, state and local health departments, and medical providers. Through this review, a number of priority areas were identified including funds management, vaccine distribution, provider ordering, inventory management, and the operation of the national pediatric stockpile.

The second phase of the project involved the establishment of six teams to address specific components of this project: **Communications, Distribution, Fiscal Operations, Stockpile, Systems, and Vaccine Management and Accountability**. These six teams have been meeting periodically for the past several months to identify problem areas and develop solutions. Each team contributes to the overall implementation and eventual completion of this project. As the VMBIP continues, it is important for NIP to keep its partners and stakeholders informed of the process, and the progress that has been made since its inception.

This update has summarizes the purposes of the six teams, their major activities thus far, documents and other deliverables that have been provided to state and local projects to date, and goals for the coming months. The update is not meant to replace more detailed documents that have already been developed, but is a way to provide a broad understanding of the VMBIP, its primary components and objectives, and the individuals involved in each of the six teams. The update will be provided quarterly. In this first issue, an organizational chart of the VMBIP has been provided to show how all of the

teams fit together in the project and the individuals (with their organizational affiliations) who are working on the project. Please share this document with other appropriate project members and stakeholders within your organization, as appropriate. If you have any questions regarding the information in the update, please contact the appropriate AIM Work-team Members listed on the attached Organizational Chart.

Acronyms

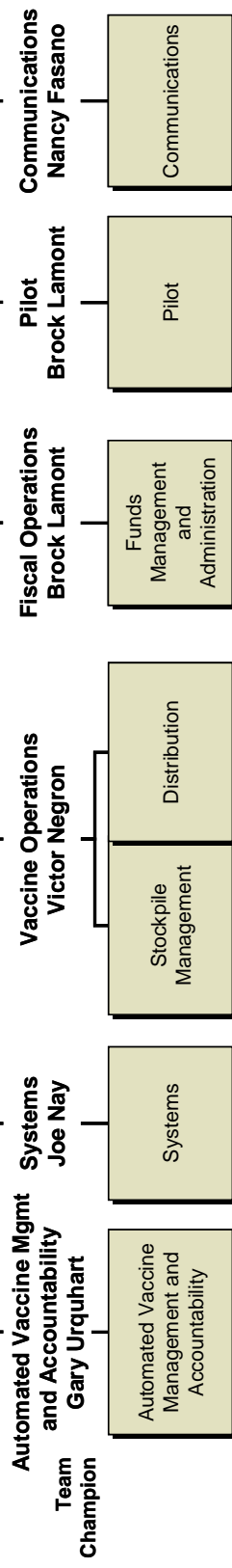
AIM	Association of Immunization Managers
AIRA	American Immunization Registry Association
ASTHO	Association of State and Territorial Health Officials
CSTE	Council of State and Territorial Health Officials
FMO	Financial Management Office (CDC)
IRSB	Immunization Registry Support Branch
NACCHO	National Association of City and County Health Officials
NIP	National Immunization Program (CDC)
PGO	Procurement and Grants Office (CDC)
PHII	Public Health Informatics Institute
SNS	Strategic National Stockpile

VMBIP Operating Blueprint & Pilot Teams

Leadership Committee

- Brock Lamont (Chair) ► Gary Urquhart ► Nicole Smith
- Nancy Fasano ► Terry Boyd ► Jeanne Santoli
- Greg Wallace ► Lance Rodewald

Coordination Committee



Team Leader

CDC Team Members

- Janet Kelly
- Gail Williams
- Warren Williams

- Lisa Galloway
- John Copeland
- Brad Prescott
- IRMO Rep.
- Janet Kelly

- Eddie Wilder
- Brenda Good Miller (PGO)
- Aaron Rak (FMO)
- Elizabeth Spears
- Greg Wallace
- Greg Wallace

- Mary Mulholland
- Lisa Galloway
- Harry McKnight (POB)
- Jean Popiak
- Brenda Good Miller (PGO)
- Field Staff
- Lisa Davis
- Wendy Cates

- Gary Buckett
- Craig Armstrong (PGO)
- Jennifer Ballew
- Alyson Brown (PGO)
- Ellen Cooper
- Rita Gambone (FMO)
- Will Hutton (FMO)
- Ken Sharp
- Anjella Vargas-Rosales

- TBD
- TBD

- Tasneem Malik
- Denise Beauvais

AIM Initial Grantees

Workteams

- Charles Beets
- Don Blose
- Michael Dumond
- Karen Hess
- Rosemary Spence

- Betty Barta
- Maribel Chavez-Torres
- Frank Coviello
- Walt Lasota
- Jim Lutz

- David Lynch
- Tony Payton
- Beth Rowe-West
- Pejman Talebian
- Annette Wells

- Linda Abel
- Ken Browning
- Kristen Harker
- Mimi Luther
- Gary Rinaldi
- Mark Amerson
- Shawn Box
- Joyce Burgett
- Michelle Conner
- Dileep Sarecha

BAH Support

- Mark Ciampa
- Kelly Brackin
- Heidi Harvey
- Mark Ciampa - Alesia Lyons
- Erin Seabolt - Kelly Brackin
- Chris Porch
- Brian Behrens

- Alan Kierstead
- Joey Olivier

- Andrew Bodziak
- Alexis Pezzulo
- Rebecca Baskin

- Alan Kierstead
- Andrew Bodziak
- Heidi Harvey



VMBIP Work Teams Update- December 2004

COMMUNICATIONS- Tasneem Malik (Team Leader-NIP), Michael Dumond (State- NH), Don Blose (State-OK), Rosemary Spence (State-CO), Karen Hess (State-TX), Charles Beets (State- AR), Kristine Sheedy (NIP), Paul Garrison (NIP), Andrew Bodziak (BAH), Heidi Harvey (BAH)

PURPOSE	Promote communication and information exchange between VMBIP teams and outside groups through presentations, written documents, and discussions.
ACTIVITIES	<ul style="list-style-type: none">▪ Developing materials to provide stakeholders and workgroups with current and accurate information on VMBIP activities▪ Developing a 2-4 page quarterly update to summarize the activities, major accomplishments, and short term objectives of the 6 VMBIP work teams
GOALS	Identify venues and mechanisms to provide further communication activities and opportunities for information feedback and exchange, including the National Immunization Conference (March 2005) and annual Program Managers Meeting (Fall 2005)
RESPONSE ITEMS	Q&A document sent to the AIM general membership on 10/28/04 in response to questions that arose during the regional meetings held in September, 2004
PARTNERS	AIM, NIP (internal and field), ASTHO, NACCHO, CSTE, VFC Coordinators, providers, and manufacturers

STOCKPILE- Eddie Wilder (Team Leader-NIP), Brenda Good Miller (PGO), Aaron Rak (FMO), Brock Lamont (NIP), Rick Nelson (NIP), Elizabeth Spears (NIP), Victor Negrón (NIP), Alan Kierstead (BAH), Joey Olivier (BAH)

PURPOSE	Improve the efficiency and effectiveness of the pediatric vaccine stockpile administration and management
ACTIVITIES	<ul style="list-style-type: none">▪ Discussed target quantities of vaccines to be held in the stockpile, release protocols for vaccines in emergency and non-emergency situations, Federal excise tax issues, and ability of the vaccine manufacturers to recognize revenue on the sale of vaccine to CDC for stockpile purposes▪ Met with representatives of the Strategic National Stockpile (SNS) for advice and insight into stockpile management▪ Held weekly teleconferences with vaccine manufacturers to share project status and obtain feedback
GOALS	Conduct further research and analysis to produce a stockpile management plan by mid 2005
PARTNERS	SNS, vaccine manufacturers, PGO, FMO

FISCAL OPERATIONS- Gary Buckett (Team Leader-NIP) , Craig Armstrong (PGO), Jennifer Ballew (NIP), Alyson Brown (PGO), Ellen Cooper (NIP), Rita Gambone (FMO), Will Hutton (FMO), Ken Sharp (NIP), Anjella Vargas-Rosales (NIP), David Lynch (State– NY), Tony Payton (State– OH), Beth Rowe-West (State– NC), Pejman Talebian (State– MA), Annette Wells (State– GA), Andrew Bodziak (BAH), Rebecca Basking (BAH), Alexis Pezzulo (BAH)	
PURPOSE	Develop operating guidelines for all aspects of a new approach to managing federal and state vaccine funds
ACTIVITIES	<ul style="list-style-type: none"> ▪ Current federal funding processes documented and vetted with internal stakeholders ▪ Visits to state team members underway to meet with budget and finance officials in order to understand key issues associated with state funded vaccine purchases
GOALS	<ul style="list-style-type: none"> ▪ Develop a model for funds management that is consistent with federal grant and fiscal policies, reduces current administrative burdens, and facilitates a centralized distribution and ordering model ▪ Complete state site visits and provide preliminary proposal for accommodating state funded vaccine purchases by end of year
PARTNERS	The team has been divided into federal and state sub-teams in order to better focus on the issues related to each funding type

MANAGEMENT AND ACCOUNTABILITY- Janet Kelly (Team Leader-NIP) , Gail Williams (NIP), Warren Williams (NIP), Mark Ciampa (BAH), Kelly Brackin (BAH), Heidi Harvey (BAH)	
PURPOSE	Enhance vaccine accountability and efficiency through the automation of Vaccines for Children (VFC) vaccine inventory control and immunization improvement procedures
ACTIVITIES	<ul style="list-style-type: none"> ▪ The Immunization Registry Support Branch has presented the project vision to key stakeholders and participants in attendance at the 2004 Immunization Registry Conference. ▪ A program announcement has been drafted soliciting applications to address automated vaccine accountability and efficiency. However, this program announcement has not yet been released.
GOAL	<ul style="list-style-type: none"> ▪ Enhance vaccine accountability through standards in Immunization Information System operations in the VFC functional areas
PARTNERS	Organizations that participate with the Health Care Provider Workgroup

SYSTEMS- Joseph Nay (Team Leader-NIP) , John Copeland (NIP), Janet Kelly (NIP), Lisa Galloway (NIP), Brad Prescott (NIP), Mark Ciampa (BAH), Brian Behrens (BAH), Erin Seabolt (BAH), Chris Porch (BAH), Alesia Lyons (BAH), Kelly Brackin (BAH)	
PURPOSE	Address the systems and technology needed to support the new business model identified for this project, including identifying and defining system requirements.
ACTIVITIES	<ul style="list-style-type: none"> Created process flows of the new system, specifically around how providers will place vaccine orders through the new online application. Created process flows for how providers and project contacts will conduct administration of their profile and content information.
GOALS	Define and analyze the system requirements and provide program management support for implementation.
PARTNERS	The Ordering & Distribution and Funds Management work teams

DISTRIBUTION- Mary Mulholland (Team Leader-NIP) , Victor Negron (NIP) Lisa Davis (NIP) Wendi Cate (NIP), Jean Popiak (NIP), Lisa Gallagher (NIP), Harry McKnight (NIP), Brenda Good Miller (PGO), Shawn Box (State-ME), Gary Rinaldi (State-NY), Dileep Sarecha (State-NYC), Kristen Harker (State-VA), Michelle Conner (State-GA), Mimi Luther/Lisa Moffett (State-OR), Ken Browning (State-AK), Joyce Burkett/Liz Lacheur (State-MT), Linda Abel (State-UT), Mark Amerson (State-IL), Joey Olivier (BAH), Alan Kierstead (BAH), Alesia Lyons (BAH), Chris Porch (BAH)	
PURPOSE	Develop a model for national vaccine distribution contract(s), inventory management, and a centralized vaccine ordering process
ACTIVITIES	<ul style="list-style-type: none"> Team has held weekly conference calls since 10/6/04. Conducted a survey of all immunization projects to identify current distribution and ordering practices and protocols, with 63/64 projects responding. Survey results are attached with update Identified and reached a consensus on required business elements, and required and optional business rules Requested additional 2004 vaccine distribution data from GIV to review ordering patterns and seasonality curves. Collaborating with stockpile team to resolve inventory management issues
GOALS	<ul style="list-style-type: none"> Developing business rules for handling vaccine shortages and backorders; plan to present in upcoming conference call. Finalizing Request for Information/draft Request for Proposal for publication in early December to gather information about potential vendors and solicit feedback on RFP terms. Distribution, inventory management and order process draft document to be completed by mid-December.
PARTNERS	AIM, PGO

VMBIP Data Collection Tool – Results Summary

last update: 11/19/2004

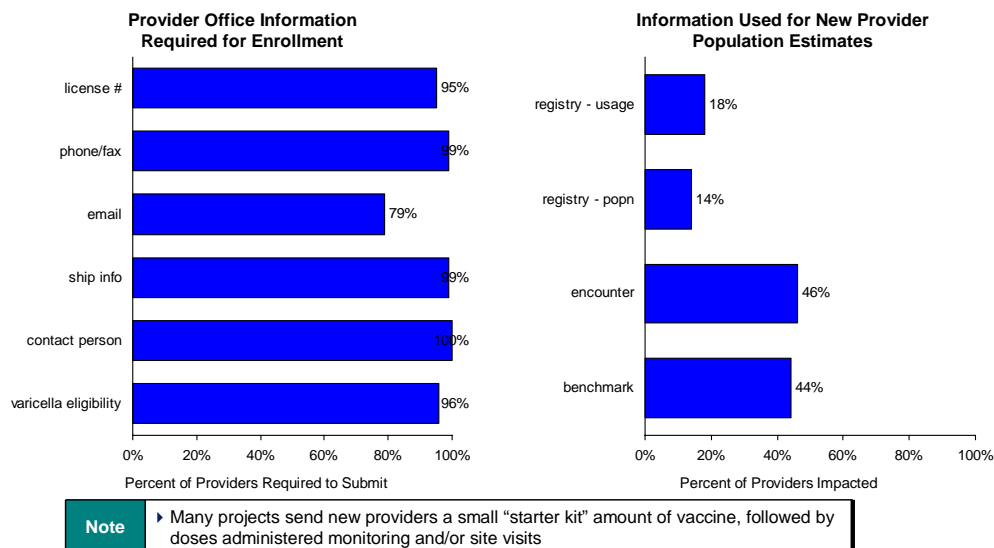
This document summarizes the learnings from the project ordering and distribution processes survey

- ▶ Early in the VMBIP planning phase, it was determined that a better understanding of the projects' ordering and distribution processes was required to support the VMBIP design effort
- ▶ A survey was developed by the Distribution Team to detail the processes that are currently in place at the projects:
 - Provider enrollment and eligible population profile generation
 - Provider ordering method and flexibility offered
 - Provider ordering data requirements and collection methods
 - Project ordering approval process
 - Project policies on vaccine returns
- ▶ The survey was distributed, and information was collected from **63 of the 64 projects**

This document summarizes the learnings from the project survey on ordering and distribution processes

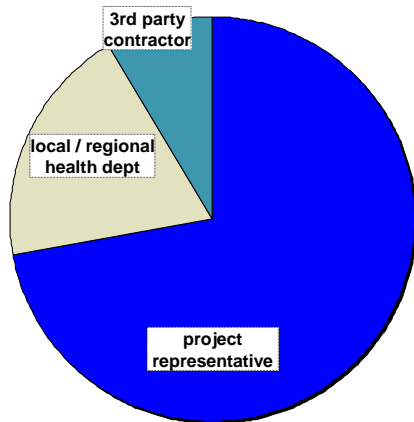
- ▶ Centralizing the order taking function will impact a small portion of project-provider relationships – 80% of providers are currently ordering via fax or mail, only 15% by phone or walk-up
- ▶ Transitioning to the desired outcome – all providers submitting the three critical data elements for vaccine accountability (inventory, doses administered and wastage data) – will require different activities at different projects
 - Some projects will require a transitional period to begin collecting inventory, doses administered and wastage data – 10 projects currently collect none of these three elements with provider orders
 - Some projects collect some data (e.g. provider inventory) into VACMAN and other data (e.g. doses administered) into a registry and will want to avoid provider duplication of effort
 - Some projects already collect a large number of orders via a registry (ME, OK, WI) or the internet (VA, WA) and may need tailored implementation solutions
- ▶ Almost every project is referencing a combination of doses administered, inventory and wastage data to approve orders, and most consider seasonality for approving order size
- ▶ Vaccine transfers among providers are typically not supported, except for varicella
- ▶ Project-specific distribution expectations (e.g. delivery times) and issues (e.g. geographical challenges, legal constraints) need to be considered when transitioning to centralized distribution

Data collection trends in new provider enrollment show that office information collected is consistent, but profile data is varied

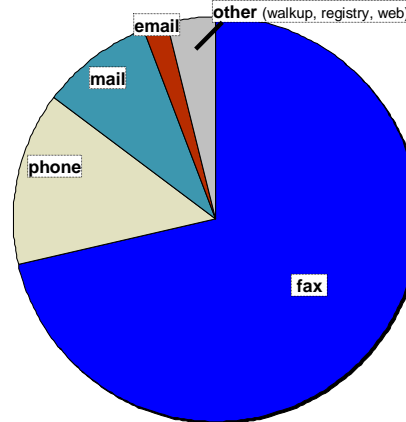


To place an order, providers primarily contact the projects directly, with the vast majority of providers ordering by fax

Provider Main Point of Contact for Ordering – Percent of Providers Impacted



Provider Ordering Methods – Percent of Providers



Note

- ▶ 74% of providers are contacting the project to order
- ▶ 72% of providers are ordering via fax

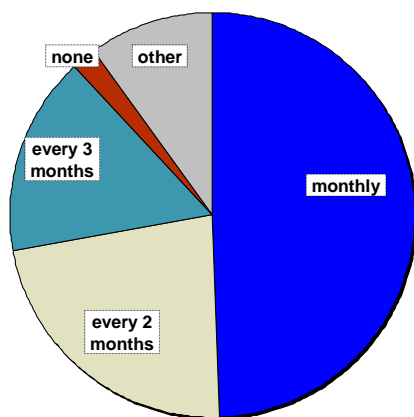
(1) Based on VMBIP Data Collection Tool administered in October 2004 covering 63 of 64 projects

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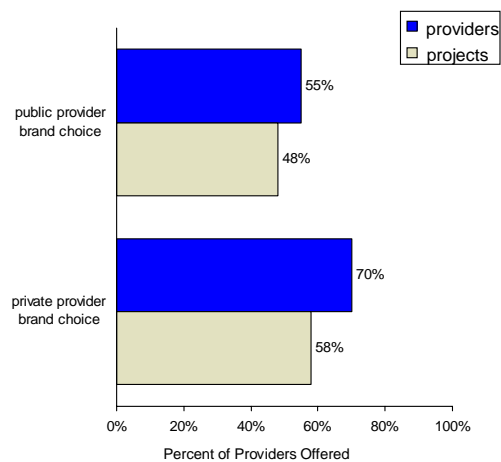
last update: 11/19/2004

Providers are given flexibility in ordering guidelines and brand choice

Ordering Guidelines – Percent of Providers Impacted



Providers Offered Brand Choice



Note

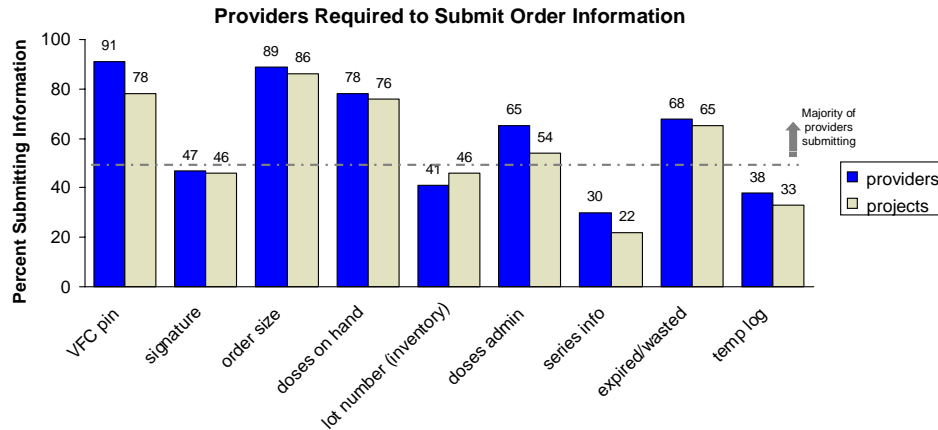
- ▶ 72% of providers are encouraged to order every 1-2 months
- ▶ Most projects do not limit the amount of emergency orders, but some do not allow them at all, and others charge providers for excessive emergency orders

(1) Based on VMBIP Data Collection Tool administered in October 2004 covering 63 of 64 projects

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last update: 11/19/2004

The majority of providers are accustomed to submitting inventory, doses administered and wastage data



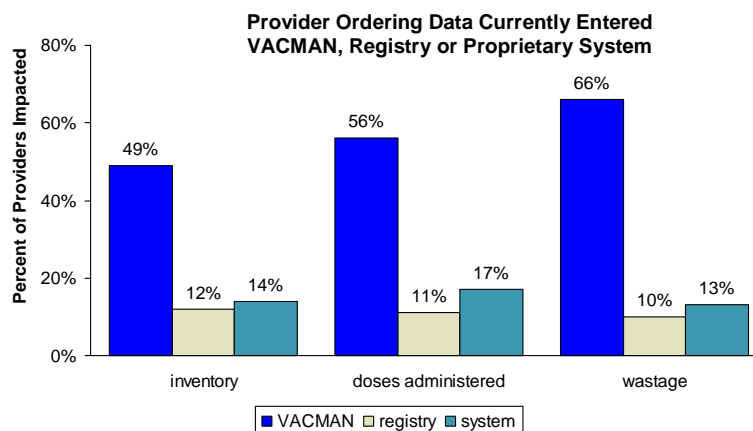
Note

- ▶ 78% of providers (76% of projects) are collecting **inventory data**, 65% of providers (54% of projects) are collecting **doses administered**, 68% of providers (65% of projects) are collecting **wastage data**
- ▶ Some projects require additional information with orders if the site visit raises issues

(1) Based on VMBIP Data Collection Tool administered in October 2004 covering 63 of 64 projects

last update: 11/19/2004

Many projects are already entering data into VACMAN, a registry or a proprietary system, which will impact the implementation effort



Note

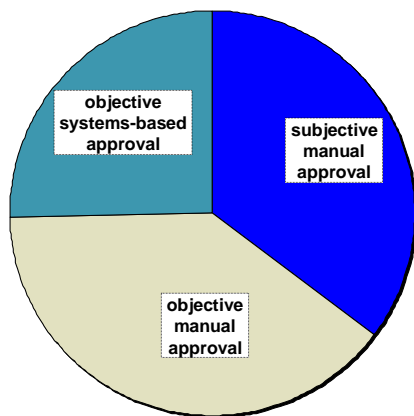
- ▶ Some projects interface their systems or registries to VACMAN
- ▶ Some projects collect some data (e.g. provider inventory) into VACMAN and other data (e.g. doses administered) into a registry

(1) Based on VMBIP Data Collection Tool administered in October 2004 covering 63 of 64 projects

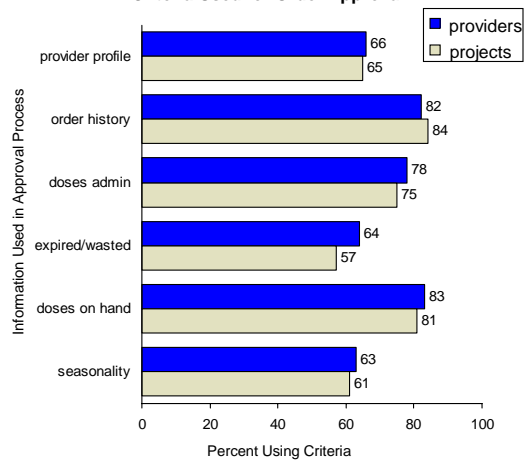
last update: 11/19/2004

Projects apply different methods of verification, typically using inventory, order history and usage data

Self-Reported Order Approval Method



Criteria Used for Order Approval



Note

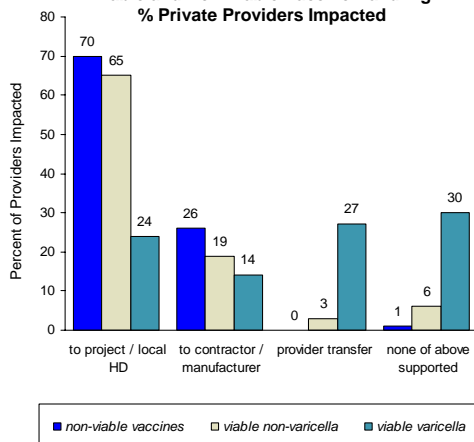
- ▶ Almost every project is referencing a combination of doses administered, inventory and wastage data to approve orders
- ▶ 61% of projects consider seasonality when determining appropriate order size

(1) Based on VMBIP Data Collection Tool administered in October 2004 covering 63 of 64 projects

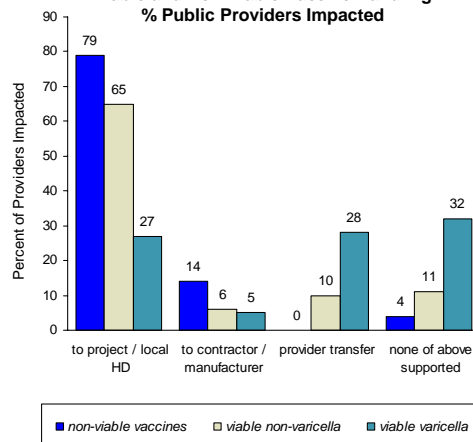
last update: 11/19/2004

Projects and 3rd party contractors handle most non-varicella vaccine returns, but varicella transfers are more widely supported

Viable and Non-Viable Vaccine Handling
% Private Providers Impacted



Viable and Non-Viable Vaccine Handling
% Public Providers Impacted



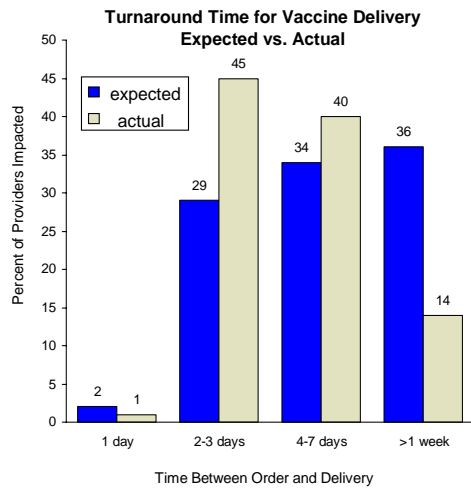
Note

- ▶ Providers tend to return non-viable and viable vaccine to the project or to the distribution company, with rare vaccine transfers (almost exclusively varicella)

(1) Based on VMBIP Data Collection Tool administered in October 2004 covering 63 of 64 projects

last update: 11/19/2004

Project-specific distribution expectations and issues need to be considered when transitioning to centralized distribution



Additional Distribution Considerations

- ▶ Distribution contract expiration
 - 11 project contracts expire after end of 2005
 - 7 project contracts expire in 2007 (latest expiration is March 2007)
- ▶ Non-federal contract vaccines
 - Most projects distribute DT, about half distribute HBIG
 - Some projects distribute additional products, including other IGs, meningococcal, rabies, flu, adult hep B, smallpox
- ▶ Legal constraints
 - MA noted that the state requires a packing slip for all purchase orders
 - WV law requires vaccines to be distributed through LHDs; they are attempting to amend this section of code
- ▶ Unique geographies
 - Projects support distribution to islands, frontiers and remote locations
 - Projects contend with seasonal distribution issues

(1) Based on VMBIP Data Collection Tool administered in October 2004 covering 63 of 64 projects